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AUTHOR Brand, Barbara
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ABSTRACT

The development of nursing and nursing education in the United States during the late nineteenth and early twentieth centuries is described. Professionalization accompanied by feminization in nursing, as in teaching, librarianship, and social work, opened opportunities to middle class women for respectable employment and sometimes prestige and power. All of these professionalizing occupations in which women came to predominate, however, had difficulty in gaining recognition as full-fledged professions. Functionalist sociologists have explained the failure of any predominantly female occupation to become fully professional as a consequence of the contradiction between professional and feminine roles in American society. It is suggested that although nursing leaders accepted nursing as a profession uniquely suitable for women, they behaved much like leaders in other occupations aspiring to professional status. They placed great emphasis on educational development, and attempted to recruit better educated students, to expand and systematize the knowledge base, to associate with institutions of higher education, and to prepare students for leadership. It is proposed that they made astute assessments of their situation and capitalized on opportunities. The nursing leaders were limited in their achievements not by their acceptance of a submissive feminine role but by the exploitative situation that existed in hospital training schools. (SW)

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SYMPATHY AND STRATEGY: ISSUES IN THE DEVELOPMENT OF NURSING EDUCATION IN THE UNITED STATES

Barbara Brand

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Association for the Study of Higher Education

The George Washington University / One Dupont Circle, Suite 630 / Washington, D.C. 20036
(202) 296-2597

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Barbara Brand
Head, Reference Department,
Library
SUNY at Stony Brook

SYMPATHY AND STRATEGY: ISSUES IN THE DEVELOPMENT OF NURSING EDUCATION IN THE UNITED STATES

Nursing was one of a large number of occupations organizing to claim professional status in the United States in the late nineteenth and early twentieth centuries. Professionalization accompanied by feminization in nursing, as in teaching, librarianship, and social work, opened opportunities to middle class women for respectable employment and sometimes prestige and power. All of these professionalizing occupations in which women came to predominate, however, had difficulty in gaining recognition as full-fledged professions.

Functionalist sociologists have explained the failure of any predominantly female occupation to become fully professional as a consequence of the contradiction between professional and feminine roles in American society. Parsons characterized the ideal-typical professional-client relationship as functionally specific, instrumental, affectively neutral, and universalistic. Women, socialized to perform expressive rather than instrumental roles, are unable to act as professionals.[1] Garrison, in her recent study of early public librarianship, applied this functionalist explanation historically. She concluded that public librarians failed to achieve professional status because women librarians were content to be nineteenth century "true women." They acted as gracious hostesses, willingly subordinating themselves to predominantly male boards of trustees and library administrators and upholding the value of self-sacrifice rather than seeking professional authority.[2]

Because nursing leaders specifically attempted to establish a profession for women it is interesting to examine the development of nursing and nursing education in the United States during the late nineteenth and early twentieth centuries.

While these leaders accepted many of the stereotyped ideas of true womanhood (They believed, for example, that women were naturally more sympathetic and nurturant than men), they also attempted to organize an autonomous professional sphere for women. Like leaders in other fields, they recognized the central importance of education to their plans. Education in all professional fields is an important means for access and recruitment to the field. Education also transmits and develops professional knowledge, which is the basis of the occupation's claim to be a profession. In addition, education provides early socialization to the values, norms, and behavior patterns of the profession. Nursing leaders placed great emphasis on educational improvement and change in their strategies for raising the status of nursing.

Hospital training schools on the Nightingale plan were first introduced into the United States in the 1870's. Nightingale advocated replacing nurse-servants of both sexes with women nurses trained through apprenticeship in hospitals. Apprenticeship was the method of professional education prevailing at the time. While she repeatedly emphasized the caring, womanly qualities necessary to a good nurse, these "natural" qualities were not sufficient. Education in organizing and administering patient care and in hygiene was equally important.[3] She conceded diagnosis and prescription of treatment to the medical profession. In these areas nurses were to be unquestioningly obedient to the instructions of the doctor. However, nurses were to have a sphere of authority of their own.

To insure that hospital training schools emphasized educational objectives Nightingale insisted on separate administration of hospital and training school and a separate endowment for the school. Although most early hospital training schools

were separately administered, none was financially independent.[4] Since the schools were financially dependent on the hospitals, hospital administrators expected to be compensated for providing training facilities by receiving labor from apprentice nurses. Physicians and hospital administrators soon recognized the advantages to the hospitals in such an arrangement. Hospitals could provide most nursing services using students given only room, board, and sometimes a small wage. After 1900 the number of schools increased almost as rapidly as the number of hospitals. While in 1880 only 15 schools existed, by 1900 432 had been organized and by 1920 1,700.[5] The emphasis in all training schools on providing patient care for the hospitals rather than education for the students created problems for nursing as a profession.

Superintendents of training schools had limited control over the number and qualifications of students admitted. Admission standards had to be set low enough that a sufficient number of students would be admitted for the hospital's needs. Although superintendents usually preferred women of education and refinement (i.e. upper middle class background) schools admitted students with very disparate educational and social backgrounds.[6]

Attempts to expand the knowledge base of nursing in the training schools aroused opposition from many physicians. This antagonism may be illustrated by a symposium on the training of nurses sponsored by the New York Academy of Medicine in 1906. One nurse, Mary A. Samuels, superintendent of the Roosevelt Hospital Training School, and a number of men physicians addressed the Academy. Samuels recommended a number of scientific subjects to be taught systematically in a six-month preliminary course. Among these were anatomy, physiology, bacteriology, urinalysis, radiology, hypodermoclysis, and materia medica. Throughout the rest of the nurse's training, "theoretical teaching should go hand in hand with the practical." [7]

The physicians, on the other hand, united in their opposition to what they called "the over-trained nurse." One physician objected to "pseudo-scientific" training "for something which was in no sense a profession, but simply a calling or vocation." He referred to instances "where the over-trained nurses were so officious in the wards that the house-staff had taken refuge in the clinical laboratory; leaving the patients to get along as best they might." He concluded that, "[W]e are in the hands of a Nurses' Trust, with a trade union policy and union prices." As a remedy, he advocated closer control of training schools by physicians and the establishment of shorter courses for lower cost nurses.[8]

Another physician spoke of the relative unimportance of training compared with the nurse's natural qualifications. It was of primary importance that the nurse be "a true woman, with kindly feeling and possessed of tact."[9] Still another denied that any theoretical knowledge was necessary. A pupil nurse could learn everything necessary through practical work in the hospital. "Her cases ought to be her books."[10]

The Boston Medical and Surgical Journal appended an editorial comment to its report on the symposium. The physicians, according to the Journal, expressed "what many of the wisest men in the profession are coming to feel." Nurses "should be trained to cultivate tact, humanity, and the gentle art of caring for the sick." Training in the science of medicine was less important and might be "detrimental to the simple and conscientious performance of the disagreeable duties of the nurse."[11]

> The conclusion, therefore, to which those to whom we have referred have come, and which we share, is that the over training of nurses must stop, that the nurse's work should be looked upon as a vocation and not as a profession, and above all things that knowledge of whatsoever sort can never take the place of tact and proper feeling in the sickroom.[12]

Socialization to the role of nurse in the training schools emphasized discipline and obedience. Most aspects of students' behavior, on or off the wards, were regulated. Student nurses were expected to obey their nursing superiors and doctors without question. This emphasis on discipline originated in the battlefield conditions in which modern nursing was first organized, but it continued to serve a purpose. It unified a group of women with differing levels of education and social background and protected their reputations. Nurses had to overcome the image of the lower class nurse-servant of questionable moral character. In an occupation aspiring to professional status, however, this socialization was a constraint. Ida Cannon, trained as a nurse before entering social work, argued that unquestioning obedience to orders stifled originality and initiative, necessary for a professional:

> The training of the nurse, as it is carried on in the majority of our training schools, does not stimulate these powers, for a prolonged period of silent submisssion to discipline is characteristic of her training school experience. She does not learn to think independently, to dare, to lead.[13]

Many nursing leaders found training schools unsatisfactory as the educational base for a profession. A group of training school superintendents met at the Chicago World's Fair in 1893. Led by Isabel Hampton, Lavinia Dock, and Adelaide Nutting of Johns Hopkins University Hospital, they organized themselves as the American Society of Superintendents of Training Schools for Nurses (later the National League of Nursing Education). They protested the exploitation of students and the lack of financial support for the schools. Although this organization continued to recommend changes and reforms in training school education for many years, the financial control of training schools by hospital administrators and physicians meant, in most cases, that their interest in submissive, cheap, and plentiful workers superceded the interest of many nurses in improved status through

improved education.

Faced with major opposition to their attempts to improve education in hospital training schools, many nursing leaders turned outward, seeking support for their professionalizing efforts from those in other fields, particularly teaching, social work, and public health. Because of their limited control of basic nursing education, they concentrated on post-graduate education for nurses who had already completed hospital training.

Teachers College was the first academic institution receptive to a post-graduate program organized by nurses. In 1898 Hampton and Nutting succeeded in convincing Dean Russell that graduate nurses should be allowed to take courses at the College because many went on to head training schools. Initially training school graduates were simply allowed to attend courses in psychology, science, and household economics. The Society of Superintendents supplied an instructor to teach a special course in hospital economics. The program expanded in 1907 when Grace Dodge, the benefactor of Teachers College, became interested. She persuaded Nutting to come to the College as head of a new department of household administration with a division of hospital economics. In 1910, another woman philanthropist, Helen Hartley Jenkins, provided $150,000 to establish a separate department of nursing and health headed by Nutting.[14]

The association of nursing with the rapidly growing social work and public health fields opened up many more opportunities for professional and educational development. Visiting Nurse Associations and Nurses' Settlements introduced new functions for nurses outside the hospital. Promoted by charismatic leaders such as Lillian Wald, founder of the Henry Street Nurses' Settlement in New York City, markets were established for nursing services in schools, maternal and child clinics, tuberculosis prevention societies, and many other public and private organizations.

New roles for nurses including public health demonstration and teaching in addition to bedside care justified additional education. Nursing reformers believed that nurses engaged in public health work needed an awareness of the impact of economic, political, and cultural factors on patients as well as grounding in sanitary science, sociology, and psychology.

Many nursing service agencies organized post-graduate programs for public health nurses. The first such course was offered in 1906 by the Boston Instructive District Nursing Association. The Director and supervisors gave lectures and conferences on aspects of public health work and students observed various kinds of public health nursing. A district was set apart for student field work under the supervision of an instructor. A nurse observed of this early course, however, "[T]here was no regular theory taught...and the lectures were of the most elementary kind."[15] During the next five years many other agencies organized programs and affiliated with academic institutions. The Boston program affiliated with Simmons, The Henry Street Settlement program affiliated with Teachers College, the Chicago Visiting Nurse Association program affiliated with the Chicago School of Civics and Philanthropy, and the Cleveland Visiting Nurse Association with Western Reserve. By 1921 fifteen programs met the accreditation standards of the National Organization for Public Health Nursing which specified that post graduate programs should be at least a year long, should include both didactic instruction and supervised field work, should be a part of a college or university, and should be directed by a college graduate with training and experience in both public health and teaching.[16]

The formation of the National Organization for Public Health Nursing in 1912 to promote public health nursing and establish standards for the field gave impetus to the development of nursing education. In 1915 NOPHN created a standing committee responsible for encouraging the development of postgraduate and staff education. The

first chairman of the committee, Anne Hervey Strong, was a Bryn Mawr graduate and a strong proponent of high academic standards for public health nursing. Under her leadership NOPHN sponsored staff education courses, manuals, and textbooks. The most influential of these publications was Mary Sewall Gardner's Public Health Nursing which first appeared in 1917. This text provides some information on how nursing educators looked at the professional role of the public health nurse and her relationship with the physician.

Gardner insisted on strict observance of what she called "professional etiquette":

> She should not diagnose, should not prescribe, should not recommend a particular doctor or change of doctors, should not suggest a hospital to a patient except with the concurrence of the doctor, and should never criticise, by word or unspoken action, any member of the medical profession.[17]

In an article published a few years later Lavinia Dock quoted a physician who felt these rules were too severe,compelling a nurse to follow the orders of a physician "who is palpably ignorant or dangerously careless." The rule was necessary, however, not because the physician invariably knew better than the nurse what should be done but to minimize conflict with the medical profession which might jeopardize the work of visiting nurses.[18]

Nevertheless, even with these restrictions the public health nurse had more autonomy than a hospital or private duty nurse. Through case detection and cooperation with charitable agencies as well as physicians, the public health nurse could obtain help for those who needed it. In addition, the nurse had a special responsibility to teach preventive measures to promote and maintain health. Gardner considered that an "educational spirit and a degree of executive ability" as well as "resourcefulness and initiative" were important personal qualifications.[19]

She cautioned supervisors to work to develop initiative rather than strict obedience in those they supervised:

> No woman will work happily unless given opportunity for the development of her own personal powers. [This] applies no less to the youngest nurse on the staff than to the superintendent herself, though the range for free initiative must necessarily be narrower.[20]

While she mentioned the importance of such womanly qualities as the "mother spirit of tenderness and longing to help" she paid more attention to the development of knowledge and skill.[21]

In addition to opportunities created by association of nursing with teaching, social work and public health, demand for nurses during World War I encouraged development of nursing education. Annie Goodrich, director of the Henry Street Nursing Service and professor at Teachers College, led the battle which convinced the military to use trained nurses rather than volunteer aides in military hospitals abroad. The Army also established a School of Nursing in 1918 with Goodrich as Dean. In this school Goodrich was able to implement the standard curriculum for schools of nursing recommended by the National League of Nursing Education.[22]

Nursing leaders also actively recruited well-educated women interested in performing a patriotic service. The Vassar Camp, financed by the Red Cross and organized by Nutting in 1918, was the most notable effort aimed at bringing college women into nursing. Modeled on a camp in which college men received intensive officer training, college women received a three-month intensive introduction to nursing before proceeding to a shortened program in one of the better hospital training schools. Nutting succeeded in assembling a faculty of outstanding figures in medicine, nursing, and public health. Three hundred ninety-nine students completed the camp program. Although morale in the camp had been high, many students were disillusioned by their experiences in the training schools and fewer than half

actually completed nurses training. Nevertheless, these women were the best educated group to enter nursing at one time, and many later became leaders in the field.[23]

Nursing leaders also sought foundation support for their efforts to improve education. In 1918 a group of nurses approached George Vincent, Secretary of the Rockefeller Foundation, for funds to develop a course to prepare more and better public health nurses. They hoped to forstall a plan put forward by G. Haven Emerson, Commissioner of Health in New York City, to prepare health visitors to assume many of the educational and preventive duties of the public health nurse. Nutting and others feared that the introduction of public health workers without hospital training school preparation would undermine public health nursing.[24]

A conference of authorities in various fields of public health organized in December 1918 to advise the Foundation on "the state of public health nursing and the education desirable for training the needed personnel" recommended further study.[25] Accordingly, the following spring Vincent selected a Committee for the Study of Public Health Nursing Education headed by C.E. A. Winslow, Chairman of the Department of Public Health at Yale. Josephine Goldmark, a social worker who had conducted investigations in industrial hygiene, was asked to conduct the actual investigation assisted by Anne Hervey Strong.

Following the tremendous success of the 1910 Carnegie Foundation-sponsored Flexner Report in gaining acceptance of and financial support for reforms in medical education, a variety of foundation-sponsored reports on education for other professions appeared. In a number of cases the sponsoring foundation granted substantial amounts of money to implement the recommendations. This is clearly what the nursing leaders hoped for.

Since Goldmark and Strong's initial investigations showed that many problems in education for public health nursing originated in poor training school preparation, the investigation was expanded to include all nursing education. The final report, issued in 1923, emphasized the value of public health nursing and the opportunities for women, not available elsewhere, to manage large organizations. The "limited educational opportunity and the narrow character of the technical training... offered by the majority of training schools" were the factors blamed for the difficulty in attracting able women.[26]

For the most part the report endorsed reforms that leaders in nursing education had advocated for years. The need for endowments for nursing education of all types was stressed along with the need for a board or training school committee, apart from the hospital administration to conduct the school. If schools required at least a high school education for entrance and eliminated routines of no educational value to the student the period of training might be considerably shortened. The report further recommended the establishment of university schools of nursing.[27]

Nursing leaders differed in what they hoped would be the outcome of Rockefeller Foundation involvement in nursing education. Strong, Chairman of the education committee of NOPHN,particularly hoped that programs offering advanced preparation for public health nurses would be supported. Nutting, Chairman of the education committee of the National League of Nursing Education, hoped that the Foundation would provide funds to establish a model for basic nursing education. Raising standards for hospital training schools was a matter of indifference or active opposition for most physicians and hospital administrators. Nutting and her associates hoped, however, to capitalize on the popularity of public health nursing to gain what they most wanted, a school in which nursing educators had the independence to set standards for nursing education.[28]

Rather than endowing a program exclusively for the preparation of public health nurses, the Foundation chose to provide a grant of $150,000 for an experiment in nursing education on a university level, with the possibility of an endowment if the experiment was successful. The Foundation preferred a university likely to serve as an influential model for other institutions and explored the possibility of placing the school at Columbia, Harvard, the University of Michigan, Cornell, and Johns Hopkins. At these institutions the Foundation's insistence that the school of nursing be established on the same basis as other university professional schools created opposition too great to be overcome. The School was finally established at Yale where President James Rowland Angell was a strong proponent of coeducation. At Yale too, C.E.A. Winslow, Chairman of the Committee on Nursing Education, was chairman of the Department of Public Health. Annie Goodrich was appointed Dean.[29] In 1929, after the trial period, the Foundation gave the School a million dollar endowment. Although university schools of nursing did not become widespread until after 1950, the Yale school served as a model of what nursing education could be.

Although nursing leaders accepted nursing as a profession uniquely suitable for women, they behaved much like leaders in other occupations aspiring to professional status. They placed great emphasis on educational development; seeking to recruit better educated students, to expand and systematize the knowledge base, to associate with institutions of higher education, and to prepare students for leadership. They made astute assessments of their situation and capitalized on opportunities. They were limited in their achievements not by their acceptance of a submissive feminine role but by the exploitative situation which existed in hospital training schools.

FOOTNOTES

1. Richard L. Simpson and Ida Harper Simpson, "Women and Bureaucracy in the Semi-Professions," in The Semi-Professions and Their Organization: Teachers, Nurses, Social Workers, ed. Amitai Etzioni (New York: The Free Press, 1969), pp. 196-265.

2. Dee Garrison, Apostles of Culture: The Public Librarian and American Society, 1876-1920 (New York: The Free Press, 1979). See especially Part 4, "The Tender Technicians," pp. 173-241.

3. Many of Nightingale's post-Crimean activities centered around sanitary reforms. She was recognized as an authority on hospital design and sought the same order and cleanliness for hospital wards that other reformers sought for city streets, water supplies, and the like. See Rosalind Nash, A Short Life of Florence Nightingale; Abridged from the Life by Sir Edward Cook (New York: Macmillan, 1925), p. 268 ff.

4. Schools of nursing established after 1900 were, for the most part, under the administration of the hospital. This further undermined their educational independence. See Jo Ann Ashley, Hospitals, Paternalism, and the Role of the Nurse (New York: Teachers College Press, 1977), p.20.

5. Richard Harrison Shryock, "Nursing emerges as a Profession: The American Experience," Clio Medica 3 (May 1968):134.

6. Tomes' demographic study of 205 women entering the Pennsylvania Hospital Training School between 1898 and 1909 showed great variety in their backgrounds. Remarkably for the time almost half had completed high school. About a third had less than an eighth grade education or had been educated in private schools of uncertain academic level. The school required only that students be between twenty-one and thirty-five years old, be of 'at least average height and physique,' and have a common school education. Nancy Tomes, "Little World of Our Own': The Pennsylvania Hospital Training School for Nurses, 1895-1907," Journal of the History of Medicine (October 1978): 507-530.

7. The New York Academy of Medicine. Second Public Lecture, Mar. 29, 1906, "Symposium on Training of Nurses," Boston Medical and Surgical Journal 154 (19 April 1906): 442

8. Ibid.

9. Ibid., p. 443.

10. Ibid.

11. Ibid., p. 445-46

12. Ibid., p. 446.

13. Ida Cannon, Social Work in Hospitals; a Contribution to Progressive Medicine (New York: Russell Sage Foundation, 1923), p. 190.

14. Lawrence A. Cremin, David A. Shannon, and Mary Evelyn Townsend, A History of Teachers College Columbia University (New York: Columbia University Press, 1954), p. 54ff. Helen E. Marshall, Mary Adelaide Nutting; Pioneer of Modern Nursing (Baltimore: Johns Hopkins University Press, 1972), p. 162ff.

15. Annie M. Brainard, The Evolution of Public Health Nursing (Philadelphia: W.B. Saunders, 1922), p. 316.

16. Anne H. Strong, "The Work of the Educational Committee of the National Organization for Public Health Nursing": reprint from The Public Health Nurse (May, 1921).

17. Mary Sewall Gardner, Public Health Nursing (New York: Macmillan, 1917), p. 44.

18. Lavinia L. Dock. "The History of Public Health Nursing," in A Half Century of Public Health: Jubilee Historical Volume of the American Public Health Association, ed. Mazyck Porcher Ravenel (New York: American Public Health Association, 1921), p. 432.

19. Gardner, Public Health Nursing, p. 81.

20. Ibid., p. 121

21. Ibid., p. 81

22. Harriett B. Koch, Militant Angel (New York: Macmillan, 1951) pp. 88-112. This biography of Goodrich gives an account of the fight over use of aides in military hospitals and the establishment and early years of the Army School of Nursing.

23. Gladys Bonner Clappson, Vassar's Rainbow Division, 1918 (Lake Mills, Iowa: Graphic Publishing Co., 1964).

24. M. Louise Fitzpatrick, The National Organization for Public Health Nursing, 1912-1952: Development of a Practice Field (New York: National League for Nursing, 1975), p. 72-73.

25. "Conference Luncheon at the Cosmopolitan Club, Monday, December 16, 1918," School of Nursing Records, Box 10, Simmons College Archives.

26. Committee for the Study of Nursing Education, Nursing and Nursing Education in the United States (New York: Macmillan, 1923), p. 485.

27. Ibid. p. 7-30.

28. "Extracts from Miss Strong's Annual Report." School of Nursing Records, Box 10, 1902-1961, Simmons College Archives. Marshall, Mary Adelaide Nutting, p. 287.

29. Nancy Tomes, "Goodrich, Annie Warburton," Notable American Women: The Modern Period (Cambridge, Mass: Belknap Press, 1980), pp. 286-288.